

EXHIBIT

“15”

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Patient Name	Medical Record No.	Account No.	Statement Date
THONY E GOOCH	018664375	090159257-1040	02/20/01

Please refer to patient's name and account no. on all inquiries and correspondence

Type of Service: OUTPATIENT SERVICES

Pay This Amount
.00

ANTHONY E GOOCH
18493 SEWELL RD
ATHENS AL 35614-0000

Please mail your payment to:

VUMC PATIENT PAYMENTS
P.O. BOX 410244
NASHVILLE, TN 37241-0244

IMPORTANT: To insure proper credit, please detach here  and return the top portion of this statement with your payment. **Page 2 of 2**
Retain the bottom portion for your records.

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Please examine this itemized statement carefully. This will be your only itemized statement for these services. If you have any questions, please contact a patient representative at 615-936-0910

DATE	DESCRIPTION	AMOUNT
	SUMMARY OF CHARGES	
	LABORATORY	1,548.00
	CHARGES	1,548.00
	PAYMENTS/ADJUSTMENTS	.00
	CURRENT ACCOUNT BALANCE	1,548.00
	*ESTIMATED INSURANCE COVERAGE	1,548.00
	AMOUNT NOW DUE FROM YOU FOR THIS ACCOUNT	.00
	<p>*INSURANCE CLAIMS ARE FILED AS A COURTESY. YOUR POLICY IS AN AGREEMENT BETWEEN YOU AND YOUR INSURANCE COMPANY AND DOES NOT RELIEVE YOU OF TIMELY PAYMENT OF THIS ACCOUNT. THESE ARE THE AMOUNTS EXPECTED TO BE PAID BY YOUR INSURANCE COMPANY BASED ON OUR BEST INFORMATION. IF YOU HAVE QUESTIONS CONCERNING THIS ACCOUNT, PLEASE PHONE A PATIENT REPRESENTATIVE AT 615-936-0910.</p>	
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THIS ITEMIZED BILL IS FOR HOSPITAL SERVICES ONLY. PHYSICIAN'S SERVICES INCLUDING RADIOLOGISTS, PATHOLOGISTS, AND ANESTHESIOLOGISTS WILL BE BILLED SEPARATELY. PLEASE KEEP FOR YOUR RECORDS.